

For Official use only
APP# _____



Benton Utilities Share Program

Neighbors Helping Neighbors
Application



Instructions:

1. Complete the entire form. Incomplete forms will not be considered
2. Submit application for review by the 15th of the month to:

<u>By Fax:</u>	<u>By Mail:</u>	<u>In Person:</u>
501-776-5918	Benton Utilities Share Program 114 S. East Street	
	P.O. Box 607	Benton, AR
	Benton, AR 72018-0607	

3. Approved Applications will result in funds being applied directly to the utility bill.

Did you opt out of the Share Program? YES NO
IF YOU ANSWERED YES, YOU ARE NOT ELIGIBLE TO APPLY.

Name of Benton Utility Account Holder:

First Name: _____ Last Name: _____
Former Names (including Maiden): _____
Contact Phone Number(s): (1) _____ (2) _____
Utility Service Address: _____

List the names and ages of everyone who lives at this address, including yourself:

	First Name	Last Name	Age
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

List employment information for all adults at this residence:

	Name	Employer	Length of Employment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

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Financial Information:

Total Monthly Household Income \$

(List ALL income sources such as Wages, Social Security, Disability, SSI, Child Support, Interest, etc.)

Do you currently receive other financial assistance such as Food Stamps, WIC, Medicaid,
If YES, how much?

YES	NO
\$ <input type="text"/>	

Did you receive Section 8 Public Housing Assistance?

YES	NO
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Have your utilities been disconnected in the past 12 months?

YES	NO
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Have you received utility assistance from any other source within the last 12 months?

YES	NO
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If yes, from whom and how much? \$

How much does your household have in cash, checking, and/or savings? \$

How much of your utility bill can you pay? \$

What other efforts are you making to pay your utility bill? _____

Describe why you need help paying your utility bill?
(Please explain all that apply: Illness; Disability; Unemployment; Death; Other.)

The information in this application is true to the best of my knowledge. I understand false statements may disqualify my application. I give permission for the Share Program Board members to view my personal account information from Benton Utilities.

Signature _____ Date _____